

StarTran - TRANSIT USER SURVEY - 2006

Dear Customers: We'd like to learn more about you and your travel needs to help StarTran plan its future services. Please read each question and mark the most appropriate answer. Please mark only one response to each question and please complete only one survey form during this survey effort. After you finish answering all the questions, please return the completed survey form to the bus driver at the end of your trip.

REGISTER TO WIN! As a thank you for **FULLY COMPLETING** this survey and returning it to the bus driver while you are on this bus, you will be registered for a **DRAWING TO WIN A FREE MONTH BUS PASS**. Please fill in your name and phone number below if you are interested in the drawing. Your answers to the survey will be kept confidential.

Name: _____ Telephone: (_____) _____ - _____

1. On what bus route did you receive this survey?

Route # _____
Route Name _____

2. How did you get to this bus?

- ☐ Another Bus (Route # _____)
- ☐ Walked (How many blocks? _____)
- ☐ Automobile
- ☐ Other _____

3. How will you complete your trip?

- ☐ Another Bus (Route # _____)
- ☐ Walk (How many blocks? _____)
- ☐ Automobile
- ☐ Other _____

4. How long have you been riding StarTran?

- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5+ years

5. What is the purpose of this trip today?

- ☐ School
- ☐ Work
- ☐ Shopping
- ☐ Personal Business
- ☐ Medical/Dental
- ☐ Social/Recreation
- ☐ Other _____

6. How many one way bus trips do you make each week? (Count a round trip as two trips)

- ☐ 1 or less
- ☐ 2-5 times/week
- ☐ 6-9 times/week
- ☐ 10 or more/week

7. Compared to last year, are you riding:

- ☐ More
- ☐ Less
- ☐ Same

8. What fare did you pay for this trip?

- ☐ Cash Fare
- ☐ Go-for-Less/Senior Cash Fare
- ☐ 20-Ride Ticket Book
- ☐ Go-for-Less/Senior 20-Ride Ticket Book
- ☐ Monthly Passport
- ☐ "Ride-for-Five" Passport
- ☐ Downtown Zone
- ☐ Free Transfer
- ☐ Star Shuttle

9. What is your best source of information about StarTran?

- ☐ Newspapers
- ☐ Radio
- ☐ TV
- ☐ Drivers
- ☐ Telephone
- ☐ Web Site
- ☐ Schedules/Brochures
- ☐ Friends/Relatives

10. Could you have made this trip if this service were not available?

- ☐ Yes
- ☐ No
- ☐ Yes, but with inconvenience

Please continue survey on back side. 

11. How do you rate bus service for each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Interior Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buses are On-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places Served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service in General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In your judgement, how important are the following factors in influencing more people to use public transit services?

	VERY IMPORTANT	IMPORTANT	NOT IMPORTANT
More Frequent Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More Weekend Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More Evening Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to More Places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Fares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you have a valid driver's license?

- ☐ Yes
☐ No

14. Was a car available for this trip?

- ☐ Yes
☐ No

15. If a car was available, what is the most important reason why you did not use the car?

- ☐ Car Maintenance Costs
☐ Gas Prices
☐ Parking Costs
☐ Traffic Congestion
☐ Other _____

16. How many vehicles does your household own or lease?

- ☐ None
☐ One
☐ Two
☐ Three or more

17. Your sex:

- ☐ Male
☐ Female

18. Are you a University of Nebraska student?

- ☐ Yes
☐ No

19. Your age:

- ☐ Under 18
☐ 18-29
☐ 30-44
☐ 45-64
☐ 65+

20. What is your approximate total annual family income?

- ☐ Under \$10,000
☐ \$10,000-\$19,999
☐ \$20,000-\$29,999
☐ \$30,000-\$44,999
☐ More than \$45,000

21. What is the single most important improvement that you would suggest for StarTran bus service (include areas that should be served)?

*After completing this card, please return it to the bus driver at the end of your bus trip.
Thank you for your participation!*